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St. Bartholomew's Hospital Journal,

SEPTEMBER 14th, 1899.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

IT will be quickly seen by a glance through our columns this month that our chief feature is one which anticipates the advent amongst us of those hundred or so new students we speak of as "the entry." Our September number is essentially a holiday number,—from necessity, perhaps, as well as from choice, if the truth were told, for when many of our contemporaries make no pretence of publishing at all during the vacation months, we may be excused for confessing to a difficulty in filling our pages with the kind of matter that is customary. With most of the staff away, clinical contributions are unobtainable, and with the various clubs in abeyance during the holidays,—cricket finished, football not yet begun,—athletic news falls to a minimum.

We have taken advantage of the interregnum to give our readers, and especially the new section of our readers mentioned above, a fairly complete account of those various institutions that are part and parcel of our social life at St. Bartholomew's. It may be remembered that the gentle Pagan, to whom we are indebted for our motto, follows up his invocation to serenity under Fortune's frown with an invitation to such innocent diversions as are granted to mankind. We seek to do the same, and trust that the attempt we make to give our new colleagues and fellow-students some idea of our social organisation and its management may prove of use to them, as perhaps to others who are not very clear upon these matters.

The principle of amalgamation, as applied to the various clubs connected with the Metropolitan Medical Schools, is now so well recognised, that it is only at one or two of the smaller schools that the old order of things still remains. The advantages are sufficiently obvious,—they are chiefly those connected with finance. Periods of weakness alternate with periods of strength in most clubs, and a central system of finance is able to tide over the former until the latter come round again. Moreover new clubs grow more healthily and more securely under such management than if left to individual efforts to support them. Then the question of club grounds is another very important consideration; a ground can be secured and kept going by a set of amalgamated clubs that could not be held independently of outsiders on any other principles. Several other considerations might be adduced, but they all come within the scope of the old adage that connects union with strength.

It will be noticed that certain of our "social organisations" are outside this amalgamation scheme. But, with one exception, there are points connected with each of these that render amalgamation a matter of considerable difficulty, and preclude the possibility of their either benefiting, or being benefited by, the central body. For neither the Amateur Dramatic, nor the Musical, nor the Photographic Society is in any sense a game, and each must, when all is said and done, depend for its success upon personal

interest and effort. The exception is the Chess Club, which, however, it is hoped, will be amalgamated during this coming season.

We close these remarks with a word of hearty welcome to all those students who, before we go to press again, will have come into our midst. For five years—or more—we shall rub shoulders with them, if not in the Square, in the columns of the JOURNAL. We trust our "social organisations" may prove means by which both their work and their play, throughout this not inconsiderable fraction of their lives, may be rendered interesting and helpful and thorough.

Ankylostomum duodenale and Ankylostomiasis.

By W. MACLACHLAN MCDONALD, L.R.C.P., M.R.C.S.,
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Holberton Institute, Antigua, West Indies.

DISTRIBUTION.—Ankylostomiasis may be said to occur in all tropical and subtropical countries. In Europe it is known as "Miners' anæmia," or "Tunnel disease," from the severe epidemic that occurred among the workmen at the St. Gothard tunnel in 1880.

It has never been proved to occur in England, but perhaps it has not been looked for with sufficient care.

Even in some tropical countries it is not recognised till carefully looked for. Here in Antigua this disease was not recognised at all till four months ago, when a few cases were investigated by the writer, and proved to be ankylostomiasis. Since then fifty-three cases have come into the hospital, showing how prevalent this disease may be without being recognised. These cases were formerly looked upon as examples of "pernicious anæmia."

The parasite.—The ankylostomum inhabits the small intestine of a man, particularly the duodenum and jejunum, and sometimes the upper part of the ileum.

The male and female do not differ much in size; they are about one third of an inch in length and one twentieth in breadth. They attach themselves by means of their powerful buccal suckers to the mucous membrane of the duodenum and jejunum, from the blood of which they obtain a plentiful supply of nourishment.

When alive their colour is white, but reddish brown when full of blood. When dead they are grey. The eggs are regularly oval, and have a thin transparent covering, through which the yolk can be seen to be segmented.

Symptoms.—Those of a progressive anæmia. All the patients give a history of having been unable to do any work for many months. There is puffiness of eyelids, face, and extremities; no pitting on pressure; the skin is dry and harsh, and of a greenish-yellow colour. Conjunctivæ pale, or rusty, or black. Tongue and gums anæmic, with black specks from old hæmorrhages; finger-nails anæmic.

All the patients complain of general debility, severe palpitation, and a "beating in the head," as they call it; breathlessness; syncope; dimness of vision; burning in pit of stomach. Retinal hæmorrhages are found. Heart: there is usually a well-marked systolic murmur, a thrill, and often some dilatation. Women always suffer from amenorrhœa.

Diagnosis is easily made by means of the microscope. In all suspicious cases the fæces should be examined under the microscope, where the ova are easily recognised.

Ankylostomiasis is easily diagnosed from beri-beri by absence of paralysis; from malaria by absence of enlargement of the spleen, ague, and the plasmodium in the blood; from Bright's disease by absence of albumen in the urine.

Pathological Anatomy.—The bodies of the victims look plump and puffy, and are not wasted; there is plenty of subcutaneous fat. There may be a small amount of general œdema.

All the organs are terribly anæmic. The heart is dilated, flabby, and in a state of fatty degeneration, as are many other organs.

The parasites are found attached by their suckers to the mucous membrane of the duodenum, jejunum, and upper part of the ileum. Many minute extravasations of blood are seen in the mucous membrane, showing where the parasites had been attached.

Treatment.—On the ova of the ankylostoma being found under the microscope the patient should have a full dose of calomel at night, and in the early morning before any food is taken, three twenty-grain doses of thymol should be given at an hour's interval between each dose. The thymol is best given in pills or in cachets. In four or five hours another dose of calomel should be given to get rid of any excess of thymol. It is not safe to give castor oil after thymol, as the thymol is soluble in the castor oil, and symptoms of poisoning may be set up. I have had one case that showed slight symptoms of thymol poisoning on taking castor oil after thymol.

While the patient is taking thymol all alcoholic drinks should be stopped, for thymol is freely soluble in alcohol, and fatal cases of poisoning have occurred by the neglect of this precaution; otherwise thymol is a perfectly safe drug.

This treatment should be repeated twice a week for two or three weeks, when most likely no more ova will be found. In the meantime the patient should have a generous diet, with wine and tonics of iron and arsenic.

Most patients within a week will state that they feel better and stronger, and in three or four weeks they leave the hospital and return to work in a fairly vigorous state of health. All the cases do not do so well. Some do not improve; they hang on in the same feeble condition; others go downhill steadily. These are the serious cases

that have been brought into the hospital in a collapsed condition. The bad cases never do well; their internal organs are too far degenerated from the prolonged and severe anæmia.

Some cases are very disappointing, even after several doses of thymol; they still pass the ova. One of the very bad cases, although the patient had been in the hospital for about six weeks, and had taken thymol on several occasions, gradually sank and died. On a post-mortem being made numerous ankylostoma were found attached by their suckers to the mucous membrane of the duodenum and jejunum, proving that thymol does not always get rid of the ankylostoma.

Prophylaxis.—Firstly, proper and sufficient latrine accommodation should be put up in every estate and village, and measures taken to compel those who are unwilling to use them to do so.

Secondly, rain water for drinking purposes should be supplied by means of pipes to every range of labourers' houses on each estate and village.

This would be of considerable benefit in checking the ravages not only of intestinal parasites, but also of dysentery, typhoid, malaria and filaria.

If these two measures were carried out, the improvement effected in the health and efficiency of the people would very soon repay any expense entailed.

General Remarks.

(*a*) The ova of the ankylostomum may be found in the fæces of patients that show no symptoms whatever. But the majority of patients show most marked symptoms of anæmia, prostration, and debility. Besides this, ankylostomiasis often complicates cases of starvation, dysentery, diarrhœa, Bright's disease, heart disease, &c., and, of course, in these cases the diagnosis and proper treatment are of vital importance.

(*b*) *Its prevalence.*—Here in Antigua, in the hospital of 150 beds there have been 53 cases in the last four months, and these are the only severe cases that have come into the hospital on account of being unable to work from general debility; there must be many more cases with less marked symptoms going about the country.

(*c*) *The severity of the symptoms.*—All these cases had been unable to do any work for many months, from debility, palpitation, and breathlessness. Four out of the fifty-three had collapsed on the road from syncope, and were brought into the hospital by the ambulance, one of these cases never rallying, but dying in three days. There have been six deaths in the hospital in four months from ankylostomiasis.

Besides the fatal cases, there are at present in the hospital ten cases that are in an absolutely hopeless condition. They show no improvement on treatment, and it is certain that their internal organs are beyond repair from the severe and prolonged anæmia. They are almost helpless, being unable to walk from giddiness, palpitation, and syncope.

(*d*) *Response to treatment.*—If the cases are taken early and treated with thymol, and then with iron and arsenic, the patients are quickly restored to normal health and vigour.

Several of the cases, although they were in the prime of life, had not done any work for many months. After about three weeks' treatment they have returned to work in almost perfect health.

Formerly we attributed practically all cases of anæmia to one of two causes—either malarial cachexia or chronic Bright's disease, both most hopeless conditions to treat. Now we know that many of these cases of anæmia are caused by the ankylostoma, and can be quickly restored to normal health by a few doses of thymol.

The more we are on the look-out for ankylostomiasis as a cause of anæmia the fewer cases will we have to classify under the other two causes, and the fewer incurable cases will there be.

The subject is undoubtedly a most important one, for if we find that the recognition of the presence of ankylostoma in our anæmic cases enables us to quickly restore to perfect health patients who would otherwise drift into hopeless invalidism, a burden to themselves, their relations, and the State, we shall surely be doing useful work, not only for the individuals we treat, but for the whole colony.

Furthermore, ankylostomiasis is an important disease from the standpoint of the employer of native labour. The sickness and inefficiency which it causes among the natives, not to mention the deaths, are often financially a serious matter to the planter.

Rarer Forms of Contracted Pelvis.

By G. A. AUDEN, M.A., M.B., B.C.Cantab.

OPPORTUNITIES for the study of the mechanism of labour in the rarer and more irregular forms of contracted pelvis are so infrequent that the record of such cases possesses some interest.

I am indebted to Dr. Dakin for permission to publish the notes of the following cases, which were under his care at the General Lying-in Hospital, Lambeth.

Case 1. KYPHOTIC PELVIS.—Premature labour in 34th week. C. S—, 25, secundipara. Admitted October 2nd, 1898.

History.—At the age of four injured her back by a fall; six months later was an in-patient at St. Thomas's Hospital, where she was fitted with a plaster jacket. Transferred to the Evelina Hospital, where she remained one year. Here a psoas abscess was opened and drained. A discharging sinus remained, and she attended as an out-patient for three years. She remained well until the age of eighteen, when she was an in-patient at St. Bartholomew's for five months suffering from bronchitis. In the following year she was re-admitted into Harley, where the sinus was reopened, and she remained for three months.

At twenty-one was an in-patient for three months in Brompton Hospital.

Present condition.—A thin, undersized woman, standing 55 inches in stockings. Marked angular curvature involving the six lower dorsal vertebræ. Abdomen markedly pendulous.

Menstrual history.—Began at sixteen and a half; regular, with four weeks' interval, lasting five to seven days.

Last menstruation began February 16th; lasted three days only. (The previous period, beginning January 16th, was the first after her confinement.)

Vomiting began at the end of March, and lasted until within six weeks of admission; "quickened" in end of June.

Previous pregnancies.—First, December, 1896; miscarried at two months.

Second, September 17th, 1897.—Induction at eighth month. Prolapse of cord. Version. Forceps to aftercoming head. Child lived fifteen hours. Weight 3 lbs. 12 oz.

Labour began on the day fixed for induction. Pains slight. Artificial rupture of membranes when the head was entering the brim with the anterior fontanelle opposite to the right ileo-pectineal and the posterior fontanelle looking backwards and to the left. The head descended until it reached the very prominent ischial tuberosities. Chloroform was now given, and the forceps applied (Barnes). There was some difficulty in passing the upper blade, which finally passed into the space in front of the head behind the symphysis. When locked the blades were thus fore and aft, and the handles were directed towards the left thigh. The patient was then turned upon her back and gentle traction only applied, so as to interfere as little as possible with the natural mechanism. The occiput rotated backwards, and the head was delivered with the face towards the pubes. The body followed as in an ordinary L.O.P. presentation. Weight of child 4 lbs. 9 oz.; living.

Measurements.

Dist. spin. il., 9 inches.
Dist. crest. il., 10 inches.
Actual true conjugate, 4 inches.
External conjugate, 7 inches.
Distance between ischial spines, 3 inches.
Antero-posterior diameter of outlet, 3·75 inches.

Child's head.

Bitemporal, 2·75 inches.	Suboccipito-frontal, 3·75 inches.
Biparietal, 3·75 inches.	Suboccipito-bregmatic, 3·5 ,,
Occipito-frontal, 4 inches.	Circumference (occipito-frontal), 11⅛ inches.
Occipito-mental, 4·75 inches.	Circumference (suboccipito-bregmatic), 11·25 inches.

Notes.—The mechanism in this case closely bears out the conclusions of Dr. Champneys upon the subject (*Obstet. Trans.*, xxiii, xxv, &c.). The head at the beginning of labour in a kyphotic pelvis enters the brim in a more or less transverse position, and not antero-posteriorly, as might have been *a priori* expected from the contour of the pelvic brim, in which the true conjugate is increased. It will be noticed that there was a space between the anterior aspect of the head and the symphysis, into which the right blade of the forceps passed. The narrowness of the pubic arch and the prominence of the tubera ischii favour the backward rotation of the occiput.

The inadvisability of version in these cases is illustrated by the previous confinement; for on that occasion, though the child was a very small one (3 lbs. 12 oz.), it was necessary to apply forceps to deliver the aftercoming head.

Case 2. SCOLIO-RACHITIC PELVIS.—Induction at 35th week. M. S—, 28, primipara, admitted October 3rd, 1898.

A small woman, evidently deformed. Height in stockings 51 inches. There was a very marked dorsal curvature to the left, the spinous processes deviating 1½ inches from the middle line; a marked lumbar curve to the right. The left side of the chest was flattened anteriorly, but bulged considerably behind.

Both tibiæ showed outward rickety curvature.

Last menstrual period, January 26th to 31st. Dates the pregnancy from February 3rd. Much vomiting from second to fifth month.

Labour was induced by the passage of a bougie, the child being felt *per abdomen*, lying with the back to the left.

The head entered the brim in the transverse diameter well flexed. The membranes ruptured spontaneously, when the os was small and rigid.

Descent and rotation of the occiput forwards along the left side of the pelvis took place in the usual way, and the labour was ended by chloroform and forceps.

Child living. Weight 5 lbs. 4 oz. Head much moulded.

Measurements.

Dist. spin. il., 10 inches.	Diagonal conjugate, 3·5 inches.
Dist. crest. il., 10·5 inches.	True conjugate, 3·3 inches.
External conjugate, 6·5 inches.	
Transverse diameter of inlet (*per abdomen*), 4·5 inches.	
,, ,, outlet, 3·5 inches.	

Notes.—The measurements here given show little more than a degree of general contraction of the pelvis, but the case illustrates the modification in the mechanism of labour which is produced in a scoliotic pelvis. The characteristics of a pelvis of this type are primarily the result of the outward displacement of the body-weight on to the side of the compensatory lumbar curve.

This displacement leads, *inter alia*, to the approximation of the acetabulum and sacrum on this side, with a consequent increase in the bend of the ilium and a diminution of the sacro-cotyloid diameter.

The symphysis is thrust over to the opposite side, and leads to an increase in the corresponding sacro-cotyloid diameter.

The scoliotic pelvis is thus essentially an asymmetrical or oblique one, and when lateral curvature occurs in a rachitic subject, the characteristic bony changes associated with scoliosis are superadded to those due to rickets.

The diagram in *Difficult Labour*, p. 217, shows the outline of the brim in such a pelvis, but it must be remembered that in order to apply it to the present case (in which the lumbar curve was to the right) the sides must be reversed.

It will be noted that the fœtus took up that position in which there was most room, viz. with the limbs in the concavity of the lumbar curve.

The head entered the brim in, or almost in, the transverse diameter, while the occiput descended through the larger, *i. e.* the right sacro-cotyloid diameter, and rotated forwards in a normal manner.

The moulding of the head was in part due to the premature rupture of the membranes, and to the rigidity of the cervix.

Case 3. OBLIQUE PELVIS.—Due to disuse of a limb and injury to sacrum. R. D—, 28, 3-para, December 1st, 1898, induction.

History.—Well until the age of thirteen, when she injured her back in a fall, and was an in-patient for ten months in Croydon Hospital, both legs being paralysed. States that an operation (? laminectomy) was proposed. She got about on crutches for the next four years, and since then has had to use two sticks.

Present condition.—A short woman, unable to walk without support, the right leg being wasted and flail-like; marked foot-drop. The only muscles in this limb which remain active appear to be

the extensor hallucis, biceps, and adductor longus. The quadriceps femoris is completely atrophied; the glutei soft and flaccid. Right iliac crest 1 inch lower than left; some degree of lordosis.

In the left limb, which is less wasted, the quadriceps is very feeble, but there is contractile power in the gastrocnemii and the extensors of the toes.

No knee-jerks in either limb. The length of the right limb from the ant. sup. spine is 32 inches; that of the left 33¼ inches.

Menstrual history.—Began at fourteen; lasts four days; regular; twenty-eight days' interval. Last period not known. Believed vomiting to have begun in May, and that "quickening" occurred in the middle of June.

Previous pregnancies.—First child, August 25th, 1890. Term. Attended in the maternity department of Middlesex Hospital. In labour thirty hours. Chloroform and forceps. Child living. Head cut and marked by forceps.

Second, June, 1894. Miscarriage at four months.

Third, December, 1894. Miscarriage at two months.

Fourth, August, 1896. Term. Thirty hours' labour. Living child after chloroform and forceps.

Labour.—The abdominal walls were extremely thin, and there was considerable hydramnios. Child extremely active, and frequently shifted its position. The head could not be pushed into the brim. The back was directed to the left.

Pains began shortly after the passage of a bougie, but were not effective; and accordingly, after twelve hours, Champetier's bag was inserted, the vertex being then felt in the right iliac fossa.

After seven hours the bag was removed and the membranes ruptured, the head being first brought over the brim, well flexed, and in the first or fourth vertex position.

Chloroform was then given and Cullingworth's axis-traction forceps applied while the patient lay on her back. The left blade passed along the sacrum on to the left sacro-iliac synchondrosis, the right along the right ilio-pectineal ridge, so that the axis of the grasping blades corresponded to or was parallel to the left oblique diameter. When locked, however, they rotated readily into the transverse diameter. The patient was then placed in Walcher's position. The occiput rotated forwards, carrying the left blade along the margin of the brim and the left ilio-pectineal line. The large and œdematous anterior lip of the cervix was carried down with the head and appeared at the vulva, thus causing further difficulty. The axis traction was therefore removed and simple forceps applied, the head being now almost in the antero-posterior diameter. Considerable traction was necessary to deliver the head, the difficulty in which appeared to be due to some antero-posterior contraction of the outlet.

Measurements, &c.

Dist. spin. il., 9 inches.	Ext. conjugate, 5·75 inches.
Dist. crest. il., 10 inches.	Diagonal conjugate, 4 inches.

The following measurements were taken in accordance with the recommendations of Naegele (*vide* Spiegelberg, ii, 102):

Ischial tuberosity on right to left	post. superior spine ...	8 inches.
„ „ left to right	„ „ „ ...	7·6 „
Last lumbar spine to right	anterior superior spine ...	6·8 „
„ „ „ left	„ „ „ ...	6·5 „
Right trochanter to left	posterior superior spine	8·75 „
Left „ right	„ „ „	6·25 „

Child living. Weight 5 lbs. 4½ oz. The left angle of the jaw was excoriated by the forceps (left blade), while there was bruising of the right eye and upper lip by the right blade.

Notes.—This case is one of considerable interest, in that it shows the result of the combined action of an injury to the sacrum and the disuse of a limb upon the shape of the pelvis.

As in the preceding case, the pelvis was obliquely distorted, though in a more marked degree; the right limb had been useless since the accident, and the whole weight of the body was supported by the left leg.

The lower end of the sacrum and the coccyx were displaced to the right of the anal cleft, and it is probable that this side had suffered more severely from the injury than the left. This would tend to increase the obliquity, which was very evident on vaginal examination.

Delivery took place in the same manner as in the scoliotic pelvis, *i. e.* the occiput descended on that side on which the sacro-cotyloid diameter was the greater, while the further movements followed the normal mechanism of labour.

In each of the above cases the pelvis approached the flat type rather than that of general contraction, and it will be seen that the head entered the brim with the sagittal suture in the transverse diameter. This bears out Smellie's observation * with regard to flat pelvis.

Although in no case did pregnancy go on to the full term, the head was sufficiently large to indicate the use of forceps, but every care was taken to prevent interference with the adaptation of the fœtus to the pelvic canal.

It may be added that in each case the puerperium was uninterrupted, and that the children left the hospital in a healthy condition.

Physiology Extraordinary.

BREWER'S GLOSSARY OF PHYSIOLOGY (Littlebury and Co., Worcester; and all booksellers) is far too choice a work to commit to the hands of either of our customary reviewers, who have a bad habit of scorning any book not bound in cloth and running to at least a couple of hundred pages. So we reserve this little gem for ourselves, convinced that we see its beauties, and fraught with a commendable desire to give them the publicity that is their due.

We quote the preface in full because otherwise the aim of the author may not appear very clear from a perusal of the extracts we make afterwards:—"This compilation, it is hoped, will assist the young student in physiology by giving him an outline, or foundation, on which to group fuller details. It is suggested that, while studying one fact, the learner should turn to all others bearing on the same subject, and thus classify them; which practice will, it is believed, expeditiously make him acquainted with the chief definitions which require to be committed to memory; at the same time he should carefully express these definitions in his own language and enlarge upon them."

The "glossary" is arranged alphabetically; "the words in roman type are for the Elementary stage, and those in italic for the Advanced." Our extracts by no means exhaust all the wonders of physiological lore contained in the book, but will serve, as the "compiler" suggests, as "a foundation on which to group fuller details."

"Abduction Muscle—a muscle which draws a limb from a straight line." On reading which we naturally skip the ac's, and are not disappointed in our expectations on finding

* *N. S. S.*, vol. ii, quoted by Hermann.

that an "adduction muscle is a muscle which draws a limb back to a straight line."

"Amœboid—one of the simplest form of animals,"—as simple, indeed, as is the use of Greek suffixes.

"*Anger*—a passion, said to increase the bile." This, we notice, is "for the Advanced." Our knowledge of cholagogues is lamentably elementary, despite the assertions of prominent therapeutists.

"*Ampulla*—something blown into a swelling,"—a definition that is provokingly moderate and forbearing.

"Beating of the Heart—the heart striking against the ribs, caused by the contraction of the aorta."

"Blood—the stream of life, an alkaline fluid made by digested food;" and yet they try and persuade us that physiology is not a simple science.

"*Colour Blindness*—the inability to distinguish colours, arising from some imperfection in the humours of the eye."

"*Cones of the Retina*—rod-like or conical bodies standing on the retina." We turn to the letter R, and meet with—

"Rods and Cones of the Retina—minute elevations in the retina about $\frac{1}{10000}$ inch in breadth." Why "cones" should be "Advanced" and rods "Elementary" seems uncertain, and the point of distinction between the shape of the two elements is rudely dismissed.

"Contraction of the Heart—the heart contracts only a half at a time, in this differing from all other muscles."

"Cornea—a horny, transparent, watch-glass-like formed substance in the front of the eyeball, fitting into the sclerotic coat."

"Coughing—a sudden convulsion of the lungs."

"*Crusta Petrosa*—stony matter coating the fangs of the teeth."

"Crystalline Lens—the second humour of the eyeball, something like jelly. Office to focus the eye.

"Erect Position of Man—obtained by a multitude of muscles acting in opposition to each other."

"Evaporation lessens heat; hence, if the pores be open, a man can bear a heat in a Turkish bath, or oven, which would roast dead flesh."

"Eyebrows—arched prominences over the eyes covered with hair, to shade the eyes and prevent perspiration, &c., running into them."

"Eyelids—flaps of cartilage covering the eyeball, and fringed with eyelashes which sweep the eye." The necessity for the sweeping process becomes apparent on reading that—

"Light is caused by luminous particles striking on the eye" Truly we are "fearfully and wonderfully made."

"Nuclei—bodies found in white blood corpuscles, unstriped muscular fibre, and veins."

"Number of Air-cells in the Lungs—about 600,000,000."

"Olfactory Nerve—the nerve of smell, a mere prolongation of the brain." There is a fine scorn about this that makes one almost ashamed of smelling.

"Only Opening into the Lungs—through the trachea." The scorn is changed to grievance; yet when one thinks of the myriads of microbes lying in wait, and the paltry sentinels that guard the entrance, the "only opening" seems quite enough.

"Os Externum—a bone at the entrance of the uterus"(!)

"Patella—a sesamoid bone forming the knee-cap, held in its place by fourteen ligaments." No wonder the fragments separate so easily when it is fractured!

"Sight—a sensation of the brain, caused by irritating the optic nerve by the waves of light."

"Stimulous or Irritation—an affection of the nerves which causes them to act on the muscles."

"Stomach—the chief organ of digestion; an oblong bag about a cubic foot in size, holding 5 to 10 pints." Here's good news for the winebibber! And finally—

"Functions of the Body—1st, to waste and decay; 2nd, to excrete and get rid of waste matters; 3rd, to receive food to replenish the waste." In other words,

Behold, before ye,
Humanity's poor sum and story;
Life,—Death,—and all that is of Glory.

Problems in Diagnosis.

(*For P.M. Examination see p.* 192.)

T. N—, æt. 52, an engine-driver, was admitted on August 17th for hæmaturia. There was nothing remarkable in his past history beyond a severe head injury received while at work eighteen months previously. The hæmaturia began three or four months before admission, and had never been accompanied by any pain. The amount of blood was variable, sometimes considerable; while at other times he said his water was "almost clear." He had never passed clots or gravel.

On admission he was rather emaciated, and stated that he had lost flesh since the hæmaturia had begun. His appetite and digestion were very fair, his pulse regular. He said his bowels were regular; they were opened twice on the afternoon of admission, and three times the next morning.

Abdominal palpation did not reveal any swelling or tenderness; *per rectum* the prostate and vesiculæ seminales seemed normal. Nothing further was discovered by the passage of a sound. The urine was acid, and contained a large quantity of blood, and not more albumen than could thus be accounted for. Microscopical examination showed many red corpuscles and some squamous epithelial cells. No pus nor casts seen on repeated examination.

The morning after admission his temperature rose to 101°, and he complained of abdominal pain. His pulse was 120; he vomited greenish fluid frequently, and his bowels ceased to act. He became distended, and the vomiting persisted. Enemata were returned unaltered as soon as administered. The distension increased, the liver dulness disappeared, and the pulse became small and thready. Incessant hiccough was a troublesome symptom. He passed only five ounces of blood-stained urine in twenty-four hours.

An exploratory laparotomy was decided upon on August 22nd. On opening the abdomen in the middle line some purulent fluid with a slightly fæcal odour escaped. The intestines were matted with adhesions, and the pus apparently came from the pelvis. The appendix was felt to be normal. A loop of distended small intestine was drawn into the wound, stitched there and opened, a glass tube being inserted and a large quantity of liquid fæces allowed to escape. A drainage-tube was introduced into the pelvis, and the outer end secured in a Keith's dressing.

August 23rd.—Patient very much more comfortable. The vomiting ceased, and during the night the bowels acted naturally four times. He passed 31 ounces of urine of a slightly smoky colour, the clearest since admission. The distension is much less. Not much fluid has escaped from the Keith's tube.

24th.—Patient still continues to be comfortable. Temperature normal; pulse 84. No vomiting or distension. Urine 40 ounces only, slightly smoky.

25th.—Drainage-tube removed. Bowels acting naturally. Comfortable, but distinctly weaker. Takes milk and soda-water by mouth without difficulty.

26th.—Intestinal tube out to-day. Urine again contains a good deal of blood and amorphous urates. No vomiting. Patient much weaker. Bowels opened three times.

28th.—Stitches removed. Patient passed a little rather bright blood *per rectum*. Urine blood-stained. Is in no pain, but is evidently sinking.

29th.—Failed to retain nutrient enemata to-day. Is almost moribund.

30th.—Died early this morning.

Notes.

THE Opening Address of the 1899–1900 Session of the Abernethian Society will be given by Dr. Church at 8 p.m. on Thursday, October 5th, in the Anatomical Theatre. Dr. Church's subject is "The Progress of Medicine during the Reign of Queen Victoria." Visitors of both sexes are always heartily welcomed at these opening addresses.

* * *

DR. CLAYE SHAW will give a course of lectures on "Mental Diseases and Psychology," for the M.D. and M.S. Examinations of the University of London. The lectures will commence on October 11th (Wednesday), at 11 a.m., in the Medical Theatre.

A course of clinical demonstrations will also be held at Banstead Asylum in conjunction with the lectures. Arrangements will be made in due course.

* * *

HEARTIEST congratulations to the Manager of the JOURNAL upon the occasion of his recent marriage.

* * *

ON page 191 we give some particulars of a scheme recently started for the formation of a "League of St. Bartholomew's Nurses." The idea seems to us to be an excellent one, and if the working details are judiciously arranged it should be a great success. There must be many nurses who would be glad to avail themselves of some means by which they may keep in touch not only with such others as chanced to be their Hospital colleagues, but also with their professional *alma mater* itself. Only one of the suggested motives of the "league" seems to us of doubtful value, and that is the one dealing with "misconduct." The spirit of the Inquisition is a rock upon which more than one club (for such we suppose the "league" virtually to be), however fairly launched, has eventually struck. However, we do but make a hint. We wish the scheme all the success and favour it merits, and we hope to be able to record its progress from time to time.

* * *

WE are glad to receive Mr. McDonald's account of ankylostomiasis in Antigua. We believe we are correct in saying that Mr. McDonald was the first to discover the great prevalence of the disease in that part of the West Indies. We should like to suggest to our contributor the great interest that would attach to a careful set of blood-counts from the cases he describes. Such a research might tend to settle the question as to whether "pernicious anæmia" is a disease *sui generis*, with pathognomonic features in its blood-count, or whether the same may be seen in some of these cases of great and slowly progressive anæmia from numerous small hæmorrhages. With so much material, as we said, such a research should be not without interesting results.

* * *

IN our last issue we referred to Mr. Frederick Gant's romantic dissertations upon "Types of the Modern Nurse," published in our contemporary the *Medical Press and Circular*, and we owned to some feeling of interest as to the papers which were to follow. We regret to say, however, that, beyond expressing our surprise at any Fellow of the College of Surgeons stooping to write such articles, and any magazine of repute accepting them, we feel the less said about them the better. Mr. Gant becomes too offensive to quote, and too absurdly ridiculous to discuss. Were we ever doubtful of it, we are now quite sure there comes a time in many a man's life when the kindest thing his friends can do is to prevent him from doing anything; or if they fail in this, to cover him by a plea of mental irresponsibility. We know nothing whatever about Mr. Gant, but we strongly suspect a dearth of watchful friends.

* * *

THE current number of the *Nursing Record* has an annotation in reply to our criticism on "The Balance of Power in Hospital Administration." As, however, the writer concedes our whole point with regard to the appointment of the resident staff, there is not much more to be said. She says, "But with regard to the domestic management we really must be excused for saying that it is manifestly absurd for a medical man to attempt to control the domestic department in conjunction with his own duties." This we never denied; we only protested against the "manifest absurdity" of a matron recommending candidates for the medical appointments. Such recommendations should only come from qualified medical men. We hope that all the "young men" who are so unfortunate as to have to apply for appointments to Miss Palmer, of Rochester, U.S.A., and are told they "must make up their minds to be subordinate to a woman," and behave themselves like little gentlemen, will adopt the alternative clause in her advice, and "make their application elsewhere." Such a maternal course would speedily bring the committee to their senses. If the Matrons' Council are going to adopt the preposterous pretensions of Miss Palmer in their propaganda, they will only excite the "thin end of the wedge" argument in opposition to many useful reforms.

But we have more faith in their common sense than to believe that they will.

* * *

SINCE our last issue the vegetarians have been very much *en évidence* in the Memorial Hall. The most prominent feature of the "National Congress" is, of course, the presidential address. We take the liberty of culling a few extracts from this interesting speech, relying for our quotations upon our contemporary *The Vegetarian*.

* * *

Conspicuously placed, and specially interesting to us as medical students and practitioners, is the paragraph setting forth the "signs of the times, as evidenced by the . . . . hospitals that care for the sick, and provide relief to those in suffering and in pain: the St. Francis Hospital in London, conducted for the last two years on vegetarian principles, has now become firmly established in favour, and I am glad to say that the out-patients during eighteen months have exceeded 8000, and a good work is being done. A good many of the in-patients have been sent to our 'Oriolet' Hospital at Loughton, and I cordially invite anyone who is unaware of the nature and extent of our work in this direction to come down to our Harvest Festival on Saturday next to see what is being done to treat the sick on vegetarian lines. Dr. Oldfield is not here to-night, but will be with us to-morrow, and will give you his experience of the advantages of such treatment.

"The results of this vegetarian treatment have been satisfactory and more successful than would have been anticipated. We have now three doctors at that hospital experimenting and taking clinical record of special diseases to see how far these can be treated on vegetarian lines. The hospital was specially founded for the treatment of that dread disease, cancer. We have had considerable experience of this disease, and although we cannot claim that we have established an infallible method of curing it, we have been able to do this,—we have been able to relieve pain, and sometimes to remove the growth. In spite of the difficulty attached to the diagnosis of cancer, there have been undeniable cases which have been diagnosed as cancer which our treatment has cured. (Applause.) In a certain number of cases we have been able to assuage pain, and anyone who has experienced that worst of diseases will understand the appreciation we have had of this treatment. We have had fatal cases, but in each of these we have received expressions of gratitude and appreciation of the devotion shown to the patients, and of the manner in which they were treated. This will come before you more fully in the course of the report which will be presented to you."

* * *

Now Mr. A. F. Hills is not only President of the Vegetarians, he is also a leading spirit amongst the Anti-vivisectors; so that the evident sense of satisfaction he derives from the contemplation of "three doctors at that hospital experimenting" upon patients may seem somewhat strange, especially when one knows that the Anti-vivisection Society makes much capital out of pamphlets setting forth the horrors of so-called "hospital experiments." But the inconsistency is only astonishing to such as are unacquainted with the illogical possibilities of the Anti-mind. But to return to the President's address: the following paragraph, in addition to its utter irrelevancy, is worth a dozen cogent arguments against the principles of the speaker.

* * *

"Think of it from the scientific, from the hygienic point of view. How many of our doctors are seeking in every possible direction for the assuagement of suffering by all kinds of queer devices! If we could imagine a stranger coming to the world and being suddenly informed of these matters, we feel sure he would be revolted at some of the medical practices which are being put into force to-day. The medical fraternity say that each disease has its own special microbe, which, finding a nidus or nest, produces disease. They say that all diseases are distinct, no disease being produced except from itself, scarlet fever producing scarlet fever, and so on. It is, however, when they strive to introduce other matter to exterminate that disease that we differ from them. Against such a theory as that you may well advocate vegetarian practices. We have had practical demonstrations of the futility of many of these devices. We have had Jenner's vaccination theory; that is fast losing ground, although many magistrates take extreme views on the question of conscientious objection to the practice. Take the case of the German professor, Koch, who claimed to have discovered the cure for consumption; that has all died away now, and the same remark applies to the claims of Royos (*sic*), the French professor, who thought he had discovered a cure for diphtheria. Take the case of Pasteur and his cure for hydrophobia. We know well the discredit attached to the Pasteur Institution in Paris to-day."

* * *

Here the President's anti-vivisection bias is evidently displaying itself. But he quickly rights himself, and returns to the platform of meaningless ineptitude, to have left which was foolish, and to stick to which is always a sure means of gaining the "much applause" that greeted the following effusion:

* * *

"I see that either fish or flesh or fowl, or stimulants—alcohol or tobacco—are but means of stirring up the forms of life and exhausting them. They cannot increase your stock of vital reserve. (Hear, hear.) And the great art of life is to increase vitality. If you want to be an athlete, if you have vital reserve you can increase muscular development, as Sandow has taught us.

"If you want to be a scholar, you must have a vital reserve for brain determination.

"If you want to secure power of soul, you must be content to live more and more highly, and think more highly, and you will find you will rise on the stepping-stone of your dead selves to higher altitudes (*sic*).

"I believe that is the true result of the vegetarian doctrine.

"Beginning, perhaps, with the beggarly elements of eating and drinking, it leads us on by degrees to those of God. In conclusion I would say to you, there is much to be done.

> The fields are ripe to the harvest,
> The labourers are few.

It behoves you to be more self-sacrificing than ever, to give more of your means, your money, your time, or your capacity. It will come back to you abundantly; you will find that God is watching over you, that His sun is shining upon your life, and that your soul is filled with the peace that passeth all understanding.

With a touching allusion to the higher, nobler life that would permeate England as these principles grew and England became more human, and the golden day that would come on apace, Mr. Hills concluded his address amidst much applause, having spoken for a little over an hour."

* * *

The most obvious criticism upon which remarks is that if the "true result of the vegetarian doctrine" be such a gross disregard of the Queen's English, and such a painful yet comic desire to improve quotations from the poets, the less we see this result "permeating England" the better. There would seem to be a point at which "high thinking" and "plain living" part company, and Mr. Hills, at least, appears to have strayed far past that point. Moreover, we do not feel called upon to apologise for the Creator's sordidness in condemning even a vegetarian president to "the beggarly elements of eating and drinking," but we might point out that it is quite open for that gentleman to "strike" against such a vile necessity. But we hope he will not: the September issue of our JOURNAL would be the duller without him.

* * *

As regards the rest of the "sittings," want of space compels us to curb our desire for annotation. A Miss Woods quoted the "case of a lady friend who was converted to vegetarianism, and who, becoming ill, consulted a non-vegetarian doctor; she was ordered back to a meat diet, and it was then found that she had lost the power of digesting meat. The inference was plain," said Miss Woods, "that our bodies refuse that which is gross and unnatural." A plainer inference, which did not strike Miss Woods, is that a ruined digestion will sometimes refuse anything. The inevitable "Dr." Allinson "pointed out that the average death age was forty-eight years, whereas it should be something ranging from ninety to one hundred and twenty-two; and he said he believed the food question had much to do with some of this deficiency." Considering the nicety of the calculation, we are surprised at the toleration shown in the platitude which follows it.

* * *

Dr. Loretta Kress "could not understand God making man 'very good,' and then telling him to eat anything that was not good for him." She "also maintained that man was instinctively a vegetarian. If they tested a little child by offering a luscious peach in one hand and a raw beef-steak, covered with blood as it was, in the other, they would find the child would choose the peach. She had never known the results of any similar experiment to differ from her own." This is really too delightful! But we should not jeer at finding the vegetarians fired with an enthusiasm for the experimental method. A control experiment, substituting a kitten for the gory steak, would be interesting, and the result might act as a justification for another substitution, said to occur sometimes in the making of rabbit-pie. "The paper concluded with an interesting account of experiments proving that vegetarian animals, if fed upon flesh, assimilated in nature to the animal eaten." This must be what "Professor Brownson Allcott" means when he says that "if he ate pig he became pigified, if he ate ox he became oxified, and so on." But then, if the choice were offered a man, either to become an ox or an onion, a pig or a potato, it is difficult to see quite wherein the preference for the vegetable lies. This is the point where the argument fails,—always excluding the "high thinking" hypothesis until we have better proof of its favouring the vegetable than is afforded by the President's speech.

* * *

A Mr. Pengelly "pointed out that with an increased demand for cereals would follow the absorption (!) of many of the unemployed"—a statement that is not without a smack of cannibalism, and ought to have been hooted rather than cheered.

* * *

The result of it all, we note in the editorial of *The Vegetarian*, was disappointing. "Long rows of empty benches are horribly depressing; and when the people who do occupy the first three or four rows of seats are the same throughout the Congress week, one cannot expect to obtain from the meetings any real reflection of universal vegetarian opinion. . . . . The same familiar people told the same familiar chairman that they had never been so well in their lives as they had been since they discarded meat-eating and devoted themselves to vegetarianism. Some speakers . . . . spoke of their conversion in a Biblical spirit, and described themselves with much fervour as brands plucked from the burning; while others suggested various patent ways of their own for getting the yielding flesh-eating public to become confirmed and enthusiastic vegetarians. There was, in fact, . . . a certain dulness throughout the whole proceedings."

All of which seems true enough, except the last sentence, and that, as we have endeavoured to show, is far from being the case to any person with a sense of humour. But it *is* difficult to take our vegetarian friends seriously, as it is difficult to take any collection of people seriously who try to convert an amiable individual crotchet into a rule of universal application. It is far easier, and probably just as kind, to dismiss them with a nickname and a joke, as the *Pall Mall Gazette* succeeded in doing: "The Amalgamated Nebuchadnezzars, officially known as the Vegetarian Federal Union, are holding their annual revels in the Memorial Hall. . . . . At the present show there are not only vegetarian foods, but vegetarian soaps, and plasters, and boots. And why not? On the whole, we would quite as soon live on the boots as on any of the rest of it."

Our Social Organisations.

THE September number of our JOURNAL gives us a fitting opportunity for some comprehensive account of the various social organisations connected with our School. Before our next issue appears an addition of some hundred odd "freshmen" will be made to our numbers, and it is chiefly for their benefit that the following survey has been drawn up, since to these, apart from some attempt of this nature, our clubs and other institutions must be little less than chaos. Were any apology needed this of itself would be ample; moreover, no such compilation has before appeared in print.

Prior to the year 1892 all the Hospital Clubs existed separately, on their own merits, and their prosperity was entirely due to the individual efforts of their respective officers. In this year an amalgamation scheme of the Athletic Clubs governed by a Central Finance Committee, which had been mooted two years previously, was finally settled, and thenceforward the following began a common existence:—the Rugby Football Club, the Association Football Club, the Cricket Club, the Boating Club, the Boxing Club, the Swimming Club, the Athletic Club. The success of this venture became quickly evident, and a short account of the results was published in 1894.

Since the original amalgamation several additions (the Lawn Tennis Club, the Hockey Club, the Shooting Club) and alterations have taken place, and of these changes and further progress no account up to date has yet been published.

The Abernethian Society joined in the amalgamation scheme, and in October, 1894, the Finance Committee began the publication of a monthly journal as the official organ and property of the Amalgamated Clubs. The system thus roughly sketched has now been in operation seven years, and has amply justified its existence. In the summer of 1894 arrangements were completed by which the Clubs secured the present ground and pavilion at Winchmore Hill.

In addition to those clubs which are amalgamated there are the following self-regulating bodies which receive no support from the Amalgamated Finance Committee, and concerning which some account is also appended:—the Musical Society, the Amateur Dramatic Club, the Photographic Club, the Chess Club.

With these prefatory remarks we proceed to a more detailed account of the following:

THE ABERNETHIAN SOCIETY.

THE HOSPITAL JOURNAL.

THE AMALGAMATED CLUBS:
- The Cricket Club.
- The Rugby Football Club.
- The Association Football Club.
- The Swimming Club.
- The Lawn Tennis Club.
- The Athletic Club.
- The Boxing Club.
- The Hockey Club.
- The Shooting Club.

THE SELF-SUPPORTING CLUBS:
- The Musical Society.
- The Amateur Dramatic Club.
- The Photographic Club.
- The Chess Club.

THE ABERNETHIAN SOCIETY.

For the history of this, one of the oldest medical societies of London, we fall back upon a short account by Dr. Norman Moore, published in this JOURNAL six years ago:

"In 1795 'The Medical and Philosophical Society' was formed at St. Bartholomew's Hospital. John Abernethy, assistant surgeon to the Hospital (elected in 1787), and lecturer on Anatomy, Physiology, and Surgery, was the founder, and was aided by Dr. Richard Powell, an Oxonian, who became physician to the Hospital in 1801, and by many of the students.

"The objects of the Society were the reading of medical or scientific papers, their discussion, and the maintenance of a library. The meetings were held on Tuesday evenings from the first week of October to the last week of April, in a room of the Medical School, and sometimes in the Lecture Theatre, which had been built in 1791 to accommodate the large number of students attracted by Abernethy's lectures. Regular minutes, containing full abstracts of the papers and discussions, were kept. The first volume of these minutes is not in the possession of the Society; the second includes the period from April 30, 1799, to October 13, 1807; while the third extends from October 13, 1807, to April 25, 1815. The volumes from 1815 to 1848 have been lost, though some accounts remain. From 1848 the minutes are complete.

"The earliest list of the officers of the Society contains those elected April 30, 1799, to serve in the fifth session, 1799-1800.

Presidents:

Mr. Jno. Abernethy.	Thomas Bradley, M.D.
Richard Powell, M.D.	Mr. James Macartney.
Mr. Joseph Hurlock.	Mr. William Blair.

Librarian and Treasurer: Mr. John Haslam.

Secretary: Mr. J. C. Hunt.

Members of the Council:

Mr. Vincent.	Mr. Brown.
„ Beveridge.	„ Rees.
„ Thomas.	„ Wood.

"Of these Mr. John Abernethy is the most famous in the existing Society and in the outer world. He was born 3rd April, 1764, in London; and his father, John, was a merchant, son of John Abernethy, a Presbyterian minister in the north of Ireland. This preacher, some of whose sermons are still read, was nine years old at the time of the famous siege of Londonderry. He had been sent to Scotland that his education might not be interrupted by the troubles of the times; but his mother, whose house was in Londonderry, remained in that city, and all her other children died within the walls before the siege was raised. Her grandson entered at St. Bartholomew's in 1779. He was elected assistant surgeon in 1787, became full surgeon in 1815, and resigned in 1827. There had been occasional teaching at St. Bartholomew's from early times, but Abernethy turned the Hospital from a place of scattered, unsystematic instruction into a teaching institution, academic in its proportions and in its methods, a college larger than the medical faculties of some universities. He made some contributions to professional knowledge, but the chief effect of his industrious life was the impetus which he gave to medical education at St. Bartholomew's. He died 28th April, 1831, and it was probably after his resignation that 'The Medical Society of St. Bartholomew's,' as it had come to be called, adopted the name of its founder, who was certainly president till 1815, and probably till his death. The first document in the possession of the Society in which it is called 'The Abernethian Society' is a balance-sheet of the year 1836. A fine portrait of Abernethy, by Sir Thomas Lawrence, hangs in the Great Hall, and a silver cup given to him by his pupils is always used as a loving-cup at the annual dinner of the medical officers and teachers. A surgical ward bears his name. Thus in all parts of the medical commonwealth of St. Bartholomew's he is honourably commemorated, and his will always be *clarum et venerabile nomen*. Dr. Richard Powell, who was physician to the Hospital from 1801 to 1824, was educated at Winchester and at Merton College, Oxford, and died in 1834. He wrote some sound medical books and papers, and one interesting essay on the early history of the Hospital. He took an active part in the discussions of the Society. His portrait is in the Hospital committee-room. Mr. Joseph Hurlock was apothecary to the Hospital. Dr. Thomas Bradley was a graduate of Edinburgh, but a native of Worcestershire. He was editor of *The Medical and Physical Journal*, and while president of the Society was physician to the Westminster Hospital. He died in 1813. Mr. James Macartney was a celebrated anatomist, and his museum of bones and other specimens is preserved in the University of Cambridge. Mr. Vincent became surgeon to the Hospital in 1816, and his portrait is to be seen in the Great Hall.

"The first paper recorded in the minutes is one read Oct. 1, 1799, by Dr. Bradley, on Gout. Cases in the wards were often discussed from the first. The meetings were well attended and regularly held, except on one occasion, Tuesday, Feb. 24, 1807, when, as the minutes record, 'in consequence of the gates of the Hospital being surrounded by the populace, members could not obtain admission.'"

In 1895 was celebrated the Centenary of the Society, and in an address given upon that occasion Dr. Moore continued the history of the Society up to date, and in the lecturer's opinion "the Society has never flourished more vigorously than it does at the present day. It is a valuable part of the intellectual life of our Hospital, animated by a spirit which I have ventured to trace up to our foundation It depends for its success upon the efforts of students whose delight is in their work—students of a kind of which there have been many here, from the days of Harvey to our own time. Its name helps to preserve the fame of a teacher who has never been surpassed in the successful endeavour to interest those whom he taught, who never spared pains to make his subject clear to himself, and so to them, and whose splendid example, acting on successive generations of teachers, has maintained this School of Medicine in a condition of zeal and efficiency worthy of the ancient and famous Hospital of which it is an essential part."

The Society is governed by two Presidents, two Vice-presidents, a Treasurer, two Hon. Secs., and two Additional Committeemen, all elected by ballot at an Annual General Meeting. The meetings are held on each Thursday evening at 8 p.m. during the Winter Session.

The Society receives from the Finance Committee one guinea for every student who joins it.

As stated in our preface, every member of the Amalgamated Clubs is eligible as a member of the Abernethian Society, the only necessary formality being a proper induction by the President at a meeting of the Society.

THE HOSPITAL JOURNAL.

The ST. BARTHOLOMEW'S HOSPITAL JOURNAL was founded in 1893 as the organ of the Amalgamated Clubs, of the Hospital, and of the School, its first number appearing in October of that year. The paper is managed by a

Censor (the Warden), an Editor, and a Publication Committee consisting of six representatives of the teaching and student sections of the Hospital, and including the two secretaries of the Amalgamated Clubs. These officers, with the exception of the censor, are elected annually by the Finance Committee.

The expenses of the JOURNAL, which include a yearly honorarium to the Editor, are met entirely by the proceeds of its sale and advertisements.

"The objects of the JOURNAL are, FIRSTLY, to put on permanent record such clinical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner. It will thus enable them to keep in touch with recent work and with the progress of the science and art of Medicine, Surgery, and Midwifery in the Hospital and School.

"SECONDLY.—To promote and extend the feeling of *esprit de corps* among students, past and present, in their work, amusements, and matters of interest to them in daily life; to note their doings in Athletics, in Examinations, and by publishing Reports of Meetings, Social Gatherings, &c., to give non-active members some idea of the means by which the name of this great Royal Hospital is being maintained, and so, by example, to rouse them into activity.

"THIRDLY.—To record such clinical and other lectures as are now given, but never printed in any permanent form, and which many students are unable to attend whilst holding their various appointments.

"FOURTHLY.—To give publicity to anything original in the way of articles, verse, or drawings, and to act as a means by which those who write may learn to perfect themselves in that art before they plunge into literary work in a wider sphere in after life.

"FIFTHLY.—To bind as much as possible the past with the present, and to keep up the interest of old students in the doings of those now at the Hospital."

A copy of the JOURNAL is forwarded to each member of the Amalgamated Clubs, and will be found addressed to him on inquiry at the Cloak Room. Communications from students are heartily welcomed by the Editor.

THE AMALGAMATED CLUBS.

The essential feature of the amalgamation is a central committee, whose chief function is the control of the finances. Every student who enters to the full hospital curriculum is a compulsory subscriber, and thereby becomes a life member, receiving from the Warden a membership card to that effect, which also entitles him to a reduced return ticket to the club grounds at Winchmore Hill, and a copy of the HOSPITAL JOURNAL; he also becomes eligible for admission to the Abernethian Society. The subscription is £8 8*s*., and these subscriptions constitute the source of annual income, to which, however, is added yearly £100 by the School Committee; this grant is occasionally supplemented to meet exceptional demands.

The Finance Committee consists of a President and two Treasurers, nominated by the School Committee, two Secretaries, elected by the students at an Annual General Meeting, a representative of the Abernethian Society and of each of the several clubs elected by their committees, and the Editor of the JOURNAL for the time being. At the Annual General Meeting twenty form a quorum, and at the meetings of the Finance Committee, five, of whom one must be the president or a treasurer.

Any alteration in the rules of the Amalgamated Clubs may be affected by due notice to the secretary (signed by not fewer than fifty members), who then calls a Special General Meeting to consider the matter, at which meeting not fewer than 100 members must be present.

The work of this executive is a consideration of the estimates for the expenses of the various clubs, the issuing of grants to them, and the auditing of their accounts. To the senior secretary falls the management of the club ground and arrangements connected with it, in which he is assisted by his junior colleague, whose duty it also is to collect reports from the various secretaries of the doings of their respective clubs for publication in the JOURNAL.

The Cricket Club.

The Cricket Club is regulated by a President, Captain, Vice-Captain, and Hon. Secs., and a Committee of seven, two selected from each year except the fifth, from which there is only one representative. These officers are elected at an Annual General Meeting, twelve forming a quorum.

The Club matches are all arranged for the Summer Session, May and July inclusive, and, as a rule, are played every Wednesday and Saturday.

There are First and Second Elevens, and the names of gentlemen chosen to play by the Captains are posted in the School Hall about three days before each match. The Club also competes for the Inter-Hospital Cricket Cup, the teams for which are chosen by the Committee.

The Club receives an annual grant of about £25 from the Finance Committee.

One of the features of its season is the Past *v.* Present match, which takes place generally in June, and affords an opportunity for a general reunion and reception at Winchmore Hill

The Rugby Football Club.

The record of this Club dates back to 1873. Its Executive is similar to the Cricket Club, viz a President, four Vice-Presidents, a Captain and Vice-Captain, a Captain of the Second Fifteen, a Committee of eight, and two Hon. Secs. These are elected annually at a General Meeting, twelve forming a quorum. At Committee meetings five form a quorum.

There are two Fifteens, each of which, as a rule, plays

two matches a week, Wednesday and Saturday, through the football season, with the exception of the three weeks at Christmas. The names of gentlemen chosen to play by the Captains are posted in the School Hall two or three days before each match.

The Club also competes for the Inter-Hospital Cup, teams for which event are chosen by the Committee. One of the features of the Club is the voting of Presentation Caps to the members of the First Fifteen at the end of each season. Both voters and recipients must have played in at least a half of the season's matches.

The Club receives an annual grant of about £21 from the Finance Committee.

The Association Football Club.

The records date back to 1879. It is regulated by a set of officers similar to the Rugby Club. There are two elevens, and matches are arranged on Wednesday and Saturday of each week of the season, excepting three weeks at Christmas. Teams are notified as for the Rugby Club. Both the Senior and the Junior Inter-Hospital Cups are competed for. A yearly grant of about £16 is made by the Finance Committee.

The Swimming Club.

The management of this club is in the hands of a President, one or more Vice-Presidents, a Captain, a Water-polo Captain, a Treasurer, an Hon. Secretary, and a Committee of eight, who retire annually but are eligible for re-election. The office of Captain is competed for. The present head-quarters of the club are the Northampton Institute Baths, St. John Street Road, Clerkenwell. The Club enters for the Inter-Hospital Water-polo Cup and Team Races, the teams for which are chosen by the Committee. An annual grant of about £13 is made to the Club.

The Lawn Tennis Club.

This club is regulated by a President, a Captain, a Committee of six, and two Hon. Secretaries, three forming a quorum at Committee meetings. The Secretaries arrange the matches and choose the players, except at the Inter-Hospital contests, when the teams are selected by the Committee. Matches are arranged during the season, May to July, for every Wednesday and Saturday. The Finance Committee makes an annual grant of about £13.

The Athletic Club.

This club provides for the athletic meetings, which consist of the usual events, *i. e.* races, jumps, hammer-throwing, &c., and also arranges with the other hospitals cross-country runs. It is regulated by a President, four Vice-Presidents, two Honorary Secretaries, and two Committeemen, who are elected annually at a general meeting in May.

The cross-country runs take place on Saturdays during the Winter Session. The Hospital Sports are held in the Summer Session, and members are also elected to compete in the Inter-Hospital meeting held a little later, for which a Challenge Shield and Challenge Cups are offered. In addition, Sir Trevor Laurence presents a Cup to the Bart.'s man who secures the most marks in this competition. Their grant from the Finance Committee is about £40, and they also receive donations and prizes for the Hospital Sports from various men and London firms.

All inter-hospital matters are managed by the "United Hospital" committees, which consist of representatives of the various clubs from each hospital. Each committee deals only with its own clubs, and arranges the inter-hospital contests and United Hospital matches.

The Boxing Club.

This Club is governed by a President, one or more Vice-Presidents, a Committee of six, and two Hon. Secretaries, all elected annually. The premises of the Club are situated on the ground-floor of the Parochial School buildings, Red Lion Court, Bartholomew Close. Professor Alec Roberts attends every Friday during the season from 4 to 6 p.m. Members can also use the Club premises on Mondays and Wednesdays during the same hours. The annual grant from the Finance Committee is about £22.

The Hockey Club.

This Club was formed in 1896, and is governed by a President, a Captain, an Hon. Secretary, and a Committee of five, all elected annually.

During 1896 the Club played two matches, during 1397 twenty, during 1898 thirty-one, and during 1899 thirty-six.

Matches are played on Wednesdays and Saturdays. The existing President, Dr. Morley Fletcher, has presented a challenge cup for Inter-Hospital competition this year.

The Finance Committee grant amounts to about £3 annually.

The Shooting Club.

The objects of the Club are: (1) To promote marksmanship among students of the Hospital; (2) to shoot matches with other clubs; (3) to compete at Bisley for the Inter-Hospital Cup.

The Club was reorganised in 1894, and was admitted to the Amalgamated Clubs in October, 1895. The Club is governed by a President, three Vice-Presidents, a Captain, a Committee of three, and an Hon. Secretary.

Shooting commences at the beginning of the summer session of each year with practices at Runemede Range, Staines, and matches are held once or twice a week. A prize meeting is held at Runemede Range during July.

The Annual General Meeting is held early in November, the date being posted on the Club notice-board. The Club at present possesses two Lee-Enfield rifles for the use of members. The Finance Committee's annual grant is approximately £10.

The Boating Club.

The Boating Club, which was at the inauguration of the Amalgamated Clubs included in the scheme, has now practically ceased its existence. The difficulties with which it had to contend, such as the distance from the river, and the large expenses entailed, proved insurmountable. There was also considerable trouble in getting men whose spare time was not taken up with one or other of the above clubs.

The following are the

SELF-SUPPORTING CLUBS:

Musical Society.

The records of this Society date back to 1878, when the executive consisted of a conductor and three members of the two sections of the Society,—vocal and orchestral. Practices were held weekly, and concerts given, much the same as now, and it is of interest to note that a song from Dr. West was an item of the first programme. The orchestral section in these early days was evidently very active, for there are records of entertainments unconnected with the Hospital at which the playing of our orchestra formed a prominent feature. In 1887 the administration of the Society was placed on better footing; the executive now consisted of a President, Vice-Presidents, Treasurer, Secretary, Musical Director, and a Committee of one representative of each year's men. Sir Dyce Duckworth was the first President. In 1894 there was considerable discussion on the question of uniting the Musical Society with the Amalgamated Clubs; it was finally decided that amalgamation was not desirable, and the question was dropped. Practices are held once a week for the vocal section, on Fridays, at 8.15 p.m., in the Inquest Room. The Subscription is 5*s.* annually to the vocal section, 10*s.* to the orchestral.

The Almoners and School assist by a subscription of £27 a year. The Musical Society provides the programme at the Junior Staff Concert held every summer, and also assists at the Dramatic Entertainments held each New Year.

The Amateur Dramatic Club.

This club has existed since 1883, when it was started chiefly owing to the enterprise of Mr. Stephen Townsend. Its prosperity is well testified by the fact that it is now one of the oldest amateur dramatic clubs in London. Candidates for election are proposed and seconded by members of the club, and are admitted by ballot. The Entrance Fee, 5*s.*, and the yearly Subscription, 5*s.*, constitute its annual income. The club is under the management of a President, two Vice-Presidents, a Stage Manager, an Assistant Stage Manager, an Acting Manager, three other members (all of whom sit on the Committee), and an Auditor.

A General Meeting is held in October, when the accounts are audited, officers for the ensuing year and new members elected, general business discussed, and the play for the Christmas entertainment, given the first week in January, is considered. This play is the chief item in the yearly programme, and is finally chosen and the parts cast by the committee, after which the times of rehearsals are fixed as far as possible to suit the convenience of all the company. The rehearsals generally take place three times a week for about six weeks, from 4 to 6 p.m., in the Great Hall. The ladies' parts are played by members of the club at the Christmas entertainment, which also takes place in the Great Hall, and includes a dress rehearsal—to which the Hospital employés and convalescent patients are invited—and two nights, for which tickets are issued to the staff, resident staff, and members. The entire expenses of the entertainment are defrayed by the Hospital authorities. The company is often invited to perform at other institutions. Throughout the year the inquest room is available for smaller entertainments on application to the Hospital authorities, and the club possesses a proscenium, stage, and curtain, which the Hospital workmen erect there when required.

The Photographic Society.

This Society was founded in March, 1890, with the object of "reading and discussing papers, and exhibiting photographs and apparatus, especially relating to the application of photography to medical science and practice."

All gentlemen being amateur photographers, who are, or have been, connected with the Hospital, are eligible for membership.

The special work of the Society is to photograph such cases as are considered suitable by the surgeons and physicians. These photographs are submitted to the Museum Committee, and those that are thought suitable are purchased by that body for preservation in the museum.

In the event of a photograph of a case being required, notice is sent to the Hon. Sec., who arranges with some member of the Society to take it. The negative becomes the property of the Society, but copies are obtainable by members at special rates.

A dark room for the use of members is fitted up in the Biological Laboratory. The necessary chemicals for developing and printing are provided free.

The annual subscription is 2*s.* 6*d.*, the funds of the Society being mainly derived from the museum purchases.

The annual exhibition is usually held in December, and as one held last May was very successful there seems a probability of this also becoming an annual affair.

Notices of meetings, &c., are posted on the Society's board in the entrance hall of the School.

Chess Club.

This Club was only started this year, and it is thus rather early to talk of its organisation, rules, meetings, &c. Mr.

D'Arcy Power was elected President, and has very kindly given a cup for competition. Mr. Carson and Dr. Horder were elected Vice-Presidents, and Mr. P. Wood Honorary Secretary and Treasurer, and a Committee of five men to represent their different years. Provisional Rules were framed, and the Committee made themselves responsible for the expenses which were connected with the Inter-Hospital Matches, including the entrance fee to the Inter-Hospital Chess Club. The meetings for practice were necessarily rather scattered and irregular, the arrangements being hurried for the purpose of participating in the Inter-Hospital Contest, at which the Club won three matches out of four played, securing second place. An application to be united with the Amalgamated Clubs has been lodged, but the matter is not yet settled.

The Alterations in the West Wing.

ABOUT five months of this year have been devoted to the alterations in the West Wing. Alterations are annually undertaken in one of the Hospital wings, and the usual period of three months has this year been extended to five wherein to accomplish the undertaking. We therefore anticipate great improvements, and in this we think ourselves justified. The West Wing is now as up-to-date as the East and South Wings. The building itself stands as it was; the internal parts alone have been renovated.

At the time of writing order has not yet been restored in all parts of the wing, but rapid progress is being made in the wards, and soon all of them will have their beds occupied, and we shall feel settled once again. The Hospital does not seem quite itself during the annual alterations, and we shall welcome the re-establishment of things.

The general plan of improvement follows that which has been adopted in the East and South Wings. In general terms we may say it has been directed to obtain better ventilation and increased facilities for the maintenance of cleanliness and asepsis, to obtaining an equable temperature in the wards, and to the perfecting of sanitation.

The entrance and staircases have been repainted and repolished, and present a pleasing appearance. The lift has been fitted with iron trellis gates in place of the wooden doors.

In the wards the old floors have been replaced by wooden block polished floors, which look so much better, and which, by their perfectly smooth surface, devoid of chinks and crevices, enable the principles of asepsis to be thoroughly carried out.

The walls are painted a light green, with a dark green dado. The paint dries hard, and has a smooth surface, which can be kept perfectly clean.

Each ward is fitted with new ventilating inlets, two iron gratings being made in the walls of each half-ward, nearly on the level of the floor. These allow about 300 square inches additional entrance of outside air to the ward.

Four heat radiators are fitted in each ward. The coils of a radiator being in front of each ventilator, the incoming air is warmed as it passes over the hot coils.

The amount of air entering can be regulated by an easily manipulated key.

The old open fireplaces, which have existed for so many years, are now done away with; also the boilers in connection with them. Square-tiled stoves by Doulton, like those in the South Wing, take the place of the open fireplaces.

The tiles of the stove are shaded green, toning with the walls; the fireplace is lined with orange-brown encaustic tiles. The stoves extend some two or three feet into the ward. There is no doubt that, from the hygienic aspect, these stoves present many points of superiority in contrasting them with the open fireplaces. Heat radiates better and more uniformly, so that the temperature of the air is more equable. The amount of fuel consumed is relatively less, and can be more readily regulated, and so variations of day and night temperature are more easily dealt with. The stoves are much cleaner than open fireplaces: they do away with much of the dust which is associated with all open fires. Being more economy of fuel, there is more economy of labour.

On the other hand, that splendid supply of hot water which could always be drawn from the open fire boilers must surely be missed. A child will probably not have the benefit of having a hot bath by the fire any longer—a custom that has so many conveniences,—for now hot water must be drawn from the ward kitchen or the lavatories. And there were other uses for a hot-water supply in the middle of the ward besides bathing small children.

The stoves take away the pleasure associated with the cheerfulness imparted by the open fires. We are aware a deep sentiment is associated with this loss. Perhaps this is so deep that it causes us to discount the immense superiority of the tiled stoves.

New iron bedsteads painted white, with easy running casters, copper-wire network frames, and hair mattresses take the place of the heavy iron bedsteads with flock beds. These new bedsteads will, perhaps, of all alterations in the wing be more appreciated than any others by the nursing staff.

New wooden lockers, stained and polished, with folding bed-table, are now supplied, and are like those in the East and South Wings.

In each ward kitchen an "Express" cooking range has been put up: the oven and boiler are of moderate capacity, suitable for the usual night and day invalid cooking in the wards. We understand these stoves have met with great success.

Larders have been made in the walls of the ward kitchens in the form of cupboards. These cupboards are ventilated through an iron grating ventilator from without. An ice-box, a compartment for the ward milk-can, and shelves of moveable hollow metal rods are the chief features of the cupboard larder, which looks cool and clean, and should be a great boon.

The Sisters' rooms have been rebuilt with fireproof brick; walls have been repainted, and new ventilators inserted.

In the lavatories several important alterations have been made. The baths with wooden encasements have been replaced by baths on pedestals without encasement, so that the floor beneath the bath can be kept thoroughly clean.

New sinks have been supplied, and they possess great advantages over the old ones. They stand about three feet from the floor, and are devoid of wooden framework, so the floor can be kept free from dust, &c. The main feature, however, is a special flushing apparatus, worked by a pedal. In cases of typhoid especially this is of the utmost importance, and, we are sure, one which will be highly appreciated.

Extensive preparations for protection from fire have been made throughout the wing.

The League of St. Bartholomew's Nurses.

A PROVISIONAL Committee, with the Matron as Chairman and Sister Faith as Honorary Secretary, has quite recently been formed with the purpose of starting the above League, which it is proposed to constitute an association of past and present nurses of St. Bartholomew's Hospital. From the printed matter which has been kindly entrusted to us by the Matron we gather the following particulars, which we quote, as being a temporary draft of the scheme:

It is proposed that the Association be called "THE LEAGUE OF ST. BARTHOLOMEW'S NURSES."

That the objects of the "League" be—

a.—By union, to encourage the Members to aim at a high standard of work and conduct.

b.—For mutual help and pleasure.

The qualification for Membership will be the Certificate of the Hospital.

At the commencement the Executive will have power to elect a certain number of Nurses, who, although not holding the Certificate, have filled posts of responsibility in the Hospital.

It is suggested that the League be governed by an Executive and Disciplinary Committee which will manage the business of the League, and will present a Report and a Financial Statement at the Annual Meeting of its Members.

It will inquire into, and lay before the Members when necessary, any case of misconduct which may come under its notice.

The Committee shall consist of a Treasurer, Chairman, Secretary,

and twelve other Members, to be elected for a term of three years, and afterwards at such periods as the League may determine.

The Annual Subscription will be *2s. 6d.*

It is proposed to form a Benevolent Fund, which will be maintained by Subscriptions and Donations. The Executive Committee will have power to grant sums either as loans or gifts to such Members as may be in temporary difficulties.

There will be an Annual Meeting for the transaction of business, followed by a Social Gathering.

It is proposed to print, from time to time, a list of Members with their addresses and official positions, and such details of their career as they may furnish. It will be sold at a cost which will cover expenses.

We understand that already some 200 Bart.'s nurses have signified their approval of the idea, and their desire to become Members of the League. We make a further reference to the project in our "Notes."

Problems in Diagnosis.

(*See p.* 182.)

Post-mortem examination (August 30th).—The wound is firmly shut off from the general peritoneal cavity, and communicates with the pelvis, where there is a small collection of pus. Kidneys, bladder, prostate, and vesiculæ seminales normal. The small intestine is obstructed by adhesions shortly above the ileo-cæcal valve. In the sigmoid flexure, just where it crosses the ureter, is a ring of epithelioma, which has invaded the ureter; the peritoneum at this point is also involved, setting up the peritonitis. The mesenteric glands in the neighbourhood show secondary malignant deposits.

Reviews.

INTESTINAL OBSTRUCTION, by FREDERICK TREVES, F.R.C S. New and revised edition. (Messrs. Cassell and Co. Price 21s.)

Very few will see any resemblance in this fine volume to the little book written fifteen years ago by Mr. Treves. In the present work he has largely discarded both the arrangement and the text of the first edition, and has, to the best of our recollection, only retained a few of the diagrams. The result is that the book is now the most complete account of intestinal obstruction in the English language, and is worthy of the high reputation held by the writer for his skill in abdominal surgery.

There are yet many points in the book which we hope to see altered in the next edition. We look upon the book rather as a work of reference on the pathology and symptoms of the various forms of obstruction than as a help to the differential diagnosis and treatment of such cases; and while we can imagine the registrar hurrying to an autopsy with the book beneath his arm, we cannot picture the house surgeon, and still less the practitioner, flying to it for help in an obscure case.

We must now try to justify this statement. The author has allotted to treatment only half the space given up to pathology and morbid anatomy. This very unequal division seems to us unfortunate, inasmuch as the after-treatment of operation cases is entirely omitted, presumably from want of space; moreover, if pathology is thought deserving of so large a place, we should have liked some brief account of the bacteriology of the peritonitis which follows some cases of obstruction, and especially of those "low types of septicæmia in which the poison reaches the system through the peritoneum." Then the actual arrangement of the book makes it a work of some difficulty to follow up any one class of case in which the reader may be temporarily interested, and too often we think that the author spoils the reader's interest in the subject by discursiveness. For example, in the treatment of intussusception he surely does not need ten pages to tell us the indications for the employment of forcible enemata and insufflation with air. We do not think Mr. Treves would use Lund's inflater himself, and we wish that the diagram and description had not been dragged from a well-merited obscurity.

While upon this topic we would ask whether any one still employs the long tube or large enemata as means of diagnosis. We had thought such methods were extinct, and see no point in the warning against their use. We also think that few readers will require to be warned against the use of abdominal taxis and electricity in acute obstruction. If in place of these remarks Mr. Treves had given us his views on the advantages or disadvantages of Murphy's button in resections of both small intestine and colon, we should have been well pleased. We also look in vain for a short account of the closure by operation of fæcal fistulæ following enterostomy. These are the chief points in the book to which we take exception.

The vexed question of morphia giving is gone into at length. We gather that Mr. Treves advises its use with as little delay as possible, and then says that its administration may seriously obscure the diagnosis. It may certainly do this, and should only be given, we think, when the patient is continuously under the eye of the surgeon himself. With the administration of opium in cases of intussusception we thoroughly disagree, regarding time after the diagnosis is made as of the extremest importance; and we fail to understand how a volvulus in process of formation, the process being sufficiently advanced to be diagnosed, may be arrested by the prompt administration of morphia.

On many points we are in cordial accord with Mr. Treves. We never remember to have heard or seen elsewhere the dangers of a small exploratory incision and a powerful forearm put so forcibly, and our own experience of puncture of the gut through the abdominal wall leads us to the same conclusions as the author.

To sum up the good points of the book would require more space than remains to us. Some of the more striking are the excellent accounts given of certain rare conditions, such as cysts of the mesentery and idiopathic dilatation of the colon, the particularly good diagrams of peritoneal pouches and meteorism, and the remarks on feeding the patient pending the decision of the surgeon.

The printing and general arrangement of the book are, of course, excellent.

Correspondence.

[We have received a communication from Mr. J. L. Maxwell bearing upon the arrangements connected with the Hospital Scholarships, a matter which is, however, outside the province of the JOURNAL.—ED.]

Appointment.

ORMEROD, E. W., M.B.(Cantab.), M.R.C.S., L.R.C.P.(Lond.), appointed Medical Officer to the Southam Union Workhouse.

Birth.

TRINDER.—On August 23rd, at Boshof, Orange Free State, South Africa, the wife of Dr. Alfred Probus Trinder, of a daughter.

Marriages.

SARGANT—WEYNTON.—On September 16th, at St. John Baptist's, Hillingdon, by the Rev. C. M. Harvey, William Edward Sargant, M.R.C.S., L.R.C.P., eldest son of William Sargant, of Lordship Park, N., to Gertrude, only daughter of the late Alexander Weynton.

SCRASE—CHANDLER.—On September 7th, at Westbury-on-Trym, Gloucestershire, by the Rev. Henry Jones, Vicar of Barton Hill, assisted by the Rev. F. H. Pickford, Frank Edward Scrase, F.R.C.S., to Lucy Ann, elder daughter of John Chandler, Redland, Bristol.

ACKNOWLEDGMENTS.—*M.R.I., London Hospital Gazette, St. Mary's Hospital Gazette, The Nursing Record, The Stethoscope, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Middlesex Hospital Gazette, The Broadway, St. George's Hospital Gazette, The Polyclinic, The Medical Review* (formerly *The Medical and Surgical Review of Reviews*).